| | | | | | . ATTORNEY | DOCKI | ET NQ: <u>/NPI-1</u> 7 | DIVI-10/2003 |
|---|--|------------------------------|-------------------|-----------|----------------------------|-----------------------|------------------------|--------------|
| | IN,THE | UNITED STAT | TES PAT | ENT A | ND TRADEMARK OF | FICE | 160 | 7.74 |
| In re Application of: K | Cronzer, et/al. | 20 | |) | Group Art Unit: 1774 | | | -1 () |
| Serial No: 10/003,698 | DE(| 2 2 2005 | |) | Examiner: Tamra Dic | us | | |
| Filed: October 31, 200 | 1 Mar | MOEMANCO | |) | Our Client ID: | 22827 | | |
| Confirmation No: 252 | 9 | | |) | Our Account No: | 04-140 |)3 | |
| Title: Heat Transfer Pa Discontinuous C Commissioner for Pate U.S. Patent and Traden Post Office Box 1450 | oatings nts nark Office | le Film and | |) | | | | |
| Alexandria, VA 22313 | -1450 | | AMEN | MEN | T | | | |
| This is a response/amendment/letter in the above-identified application and includes the herewith attachment of same date and subject which is incorporated hereinto by reference and the signature below is to be treated as the signature to the attachment in absence of a signature thereto. Fee requirements (if any) have been calculated as shown below: Claims Highest | | | | | | | | |
| | remaining after | number previously | Present | ŀ | | Additio | ama) | |
| | amendment | paid for | Extra | • | | Fee | ліа і | |
| Total Effective Claims | min | us <u>32</u> = | = | 0 | X \$50 = | \$ | 0.00 | _ |
| Independent Claims 4 minus 5 = 0 x \$200 = If amendment enters proper multiple dependent claim(s) into this application for first time, add | | | | | | \$ | 0.00 | _ |
| \$290.00 (per application | | pendent claim(s |) into thi | s applica | tion for first time, add | \$ | 0.00 | |
| Since Official Action se | et an <u>original</u> du | e date of | 11/05/0 |)5 | ســ | | 0.00 | - |
| PETITION is hereby n | nade for an exter | nsion to cover th | ne date th | is respo | nse is filed for which the | | | |
| requisite fee is enclosed (1 month \$120; <u>2 months \$450</u> ; 3 months \$1020; 4 months \$1590, 5 months \$2,160) | | | | | | \$ <u>4</u> | 50.00 | _ |
| If Terminal Disclaimer enclosed, add Rule 20(d) Official Fee (\$110.00) | | | | | | \$ | 0.00 | _ |
| | | | | SUBTO | OTAL: | \$4 | 50.00 | _ |
| If "small entity" verified | | | | | | | | |
| [] herewith, enter one- | -half (½) of subt | otal and <u>subtrac</u> | <u>t</u> | | | \$ | 0.00 | _ |
| 12/23/2005 GWORDDF1 00000009 10003698 | | | | TOTA | L: | \$450.00 | | |
| 01 FC:1252 450.00 @P Other: Credit Card Payment Form PTO-2038 | | | | | | \$ | 0.00 | |
| | | | | TOTA | L FEE ENCLOSED: | \$ 44 | 50.00 | - |
| m | | | | | | | | - |
| The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any fees in addition to the fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and which may be required under Rules 16-18 (deficiency only) now or hereafter relative to this application and the resulting official document under Rule 20, or credit any overpayment, to our Account No. shown in the heading hereof for which purpose a duplicate copy of this sheet is attached. This statement does not authorize charge of the issue fee in this case. | | | | | | | | |
| ADDRESS: | | DORITY & I | MANNIN | NG | | | | |
| Post Office Box 1449 Greenville, SC 29602 U | IC A | ATTORNEY | S AT LA | W, P.A | • | | | |
| Customer ID No.: 2282 | | By: Alan R. | Marshall | Reg. | No: 56.405 Date: | Dece | mher 20, 2005 | • |
| Telephone: 864-271-1592 | | | | | | | | |
| Facsimile: 864-233-734 | 42 | Signature: | | // [| | | | _ |
| I hereby certify that this Service as first class mai Post Office Box 1450, A Katrina | il in an envelope Alexandria, VA 2 <u>Morris</u> | addressed to: 02313-1450, on | Commiss Decemb | ioner for | Patents, U.S. Patent an | ed with t d Traden | nark Office, | ; Postal |
| (Typed or printed name | of person mailing | ng paper or fee) | | | | | 45 | |
| Zolus | a Moris | | | | | | | |
| (Signature of person mai | iling paper or fe | e) | | | | | | |